



## COUNTY OF ERIE

### EXAMINATION REPORT REQUEST

MEDICAL EXAMINER'S OFFICE  
501 KENSINGTON AVE.  
BUFFALO, NEW YORK 14214  
Phone 716-961-7591

*Examination reports may be requested by immediate next-of-kin. All requests must be notarized and mailed to the Erie County Medical Examiner's Office at the above address. Faxed, e-mailed or copied requests will not be accepted. Reports will be mailed to the address provided below.*

Date: \_\_\_\_\_

I, \_\_\_\_\_, am requesting a copy of the  
Print Name

Examination Report from the Erie County Medical Examiner's Office for

\_\_\_\_\_ who passed away on \_\_\_\_\_.  
Deceased's Name Date

My relationship to the deceased is: \_\_\_\_\_

\_\_\_\_\_  
Signature

Report to be mailed to:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #

Notary use only below this line

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20 \_\_\_\_

Notary Public Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_